Your name has been provided as a non-family, personal reference for: ________________________________, who wishes to become a volunteer with us. Please answer the following questions, using additional pages if necessary, and return this form to the office indicated below. Thank you!

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<th>Your name</th>
<th>Relationship to potential volunteer</th>
<th>Phone</th>
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For how long and in what capacity have you known this person?

What are three adjectives that describe him/her?

Does this person relate well to children? Any experience with sick children? Please provide examples if possible:

What skills does this person possess that will enable him/her to work well in a team environment?

Do you consider this person to be responsible? Please provide examples if possible.

Please rate the volunteer from 1 – 10 in the following areas, with 10 being the highest rating.
Communication Skills ____; Responsibility____; Sensitivity____; Organizational skills____;
Dependability ____; Flexibility in schedule ____

Is there any additional information you could provide that would enable us to better assess the strengths, weaknesses and overall character of this potential volunteer?

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Signature                                    Date

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Make-A-Wish Mid-Atlantic
Volunteer Coordinator
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Phone: 301-962-9474 | Fax: 301-656-2857
Email: volunteer@midatlantic.wish.org